

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90005 029 ***150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000026987
 Corporation Name

MEDICAL CARE CENTER OF NORTH MIAMI, INC.

Principal Place of Business

35 NE 7TH AVE
 MIAMI FL 33161

Mailing Address

2435 HOLLYWOOD BLVD
 STE 204
 HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1998

4. FEI Number

15-0823536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year
 Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **Charles Jewett CPA PA**
 82 Street Address (P.O. Box Number is Not Acceptable)
2435 HOLLYWOOD BLVD #204
 83
 84 City **Hollywood** FL 85 Zip Code **33020**

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-10-99

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ET ADDRESS **PSTD**
JEWETT, EDWARD
 ST-ZIP **12995 NE 7TH AVE**
NORTH MIAMI FL 33161

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PSTD**Jewett, Edward****2435 HOLLYWOOD BLVD #204****HOLLYWOOD, FL 33020**☒ Change ☐ Addition

ET ADDRESS
 ST-ZIP

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

ET ADDRESS
 ST-ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

ET ADDRESS
 ST-ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

ET ADDRESS
 ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

ET ADDRESS
 ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)